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Bib Data Sheet

CONFIRMATION NO. 7008

SERIAL NUMBER 10/043,075	FILING DATE 01/07/2002 RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. 009-020
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APPLICANTS

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** CONTINUING DATA *None* *9/29/04*

** FOREIGN APPLICATIONS *None* *9/29/04*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 12
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35 USC 119 (a-d) conditions met *Yes* ☒ *9/29/04* Met after Allowance ☒

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS

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TITLE

Methods and devices for nebulizing fluids

FILING FEE RECEIVED 1878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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